



SEWER BILLING ADJUSTMENT REQUEST

CUSTOMER: _____ DATE: _____

ACCOUNT # _____ STREET ADDRESS _____

MAILING ADDRESS: _____

HOME PHONE# _____ CELL PHONE# _____

READING DATES OF BILL IN QUESTION: _____

DUE DATE OF BILL IN QUESTION: _____ AMOUNT OF BILL: _____

REASON FOR REQUESTION ADJUSTMENT: _____

I, the undersigned, swear that the above information is true and accurate to the best of my knowledge, and I believe that I am entitled to an adjustment I the above mentioned bill.

Signature of Customer

Date

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Do not write below this line

OFFICE USE ONLY

Do not write below this line

DATE OF BOARD MEETING: _____

DECISION OF BOARD MEMBERS: _____

DATE OF CUSTOMER NOTIFICATION: _____

ENTERED INTO RECORD BY: _____ DATE: _____